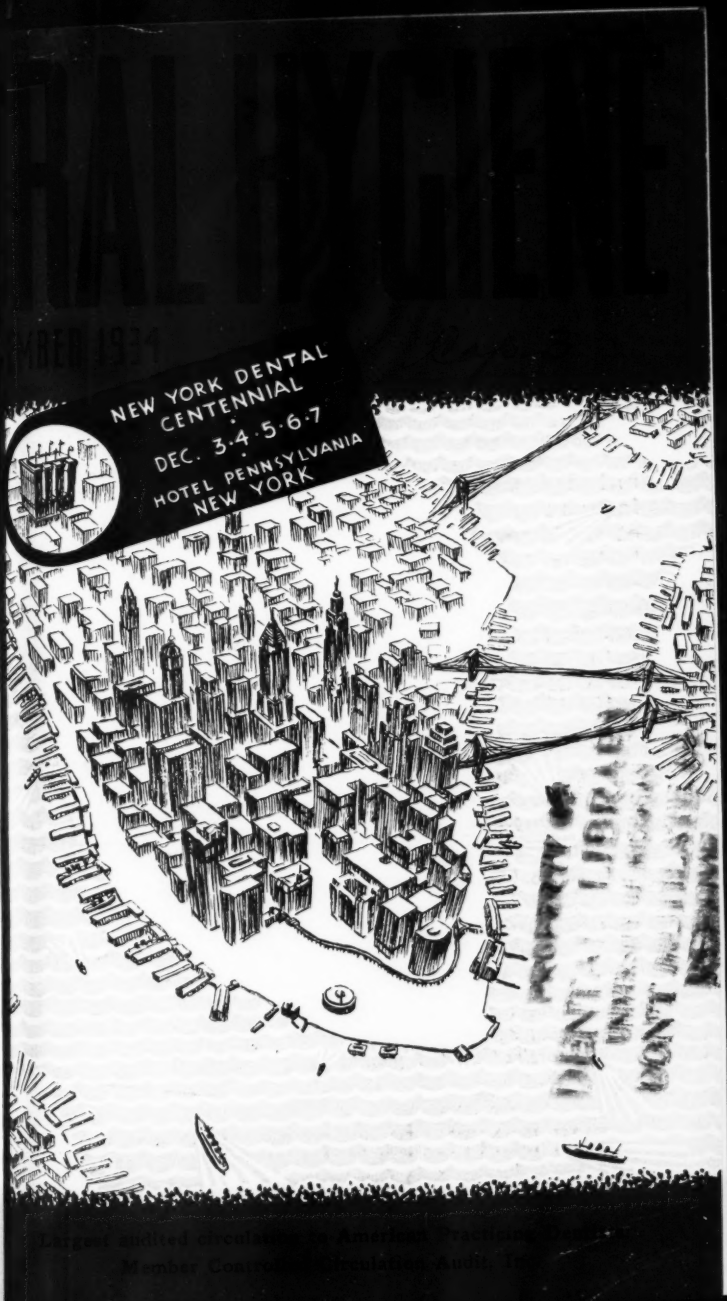
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Abrasion of tooth structure

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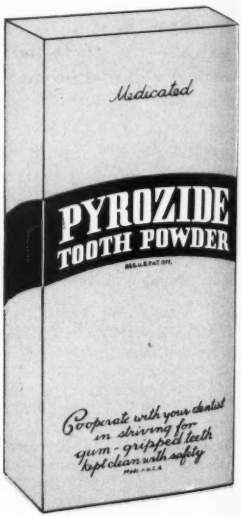

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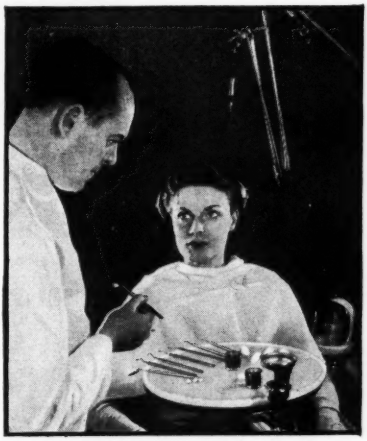
An Aid in treating VINCENT'S INFECTION



PAINFUL and dangerous, Vincent's Infection has a systemic relation. Improper mastication, lack of appetite and intestinal disturbances frequently develop. Response to treatment is retarded . . . Toxic wastes accumulate . . . the digestive system functions imperfectly . . . the patient's resistance is lowered.

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THE

Publisher's

No. 160

CORNER

By MASS

IF the printers have more than the usual trouble with these pages hereafter they will be referred to young Mass, who has fallen heir to the red Corona upon which this department has been typed for so long.

Now I am allowed to typewrite at home only by special permission of the Corona owner, and he has rather nicely stymied me by pasting black spots on the keys. He did this because he is learning the piano system of typewriting. When you do that you use all your fingers and thumbs, just like a pianist. You "anchor" your little fingers at either end of the second line of keys most of the time and teach all your fingers to fly about without asking your brain where to light. When you're learning, the black spots on the keys keep you from cheating by looking at the letters themselves.

Well, the black spot pasting has proved more than a little embarrassing to the old man. Years ago I learned the piano system myself and have been in the habit of boasting that I could still knock out a fair copy in a hurry even if blindfolded, although in recent years I have managed to sidestep proving it.

As a matter of truth, the gnarled and wrinkled fingers of age no longer romp the keyboard with the unerring precision of youth. Sour notes creep into the mechanistic melody. You find yourself pounding an X when you're

A sensible dentifrice for the whole family

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The formula is a modern one—delightful to use, safe, protective, and enables the mother to halve the family tooth paste bill.

Knowing as you do the economic problems confronting most families today—suggest to your patients that they make the acquaintance of this popular dentifrice.

The new Double Size tube, priced at 40c, contains twice as much as the 25c tube—saves 20% more! Lambert Pharmacal Company, St. Louis, Mo.

REGULAR SIZE

25c

NEW DOUBLE SIZE 40c

after a G. In the sere and yellow years the reflexes become feeble and uncertain. Youth has had its fling. The aged reflex walks with a cane. The same lack of digital dexterity stains the vests of old men.

Not long ago, when I attempted a CORNER at home one evening, and had got a little frantic as a result of typing words like *tbhop* and *wrtnzl* because the black spots kept me from looking, I was discovered in the act of peeling off the paper under which the letters were hidden. I figured that the world wouldn't know—and that I could paste the spots back on again.

Absorbed in the peeling job I failed to hear approaching footsteps until it was too late. Then, behind me, a young throat was cleared. I jumped all over, like a chap who has put his finger into a light socket.

"I understood," he said, "that you once won a medal for running a typewriter blindfolded. I believed you when said you mislaid the medal."

No statement issued from lips framed by the flaming face of this department.

* * *

Meanwhile the boy plugs at his lessons, typing *as, as, ask, ask, ask,* millions of times. It will be some little time before he begins to write, over and over, that *Now is the time for all good men and true to come to the aid of the party.* Then he will be covering untold yellow sheets with the news that *The quick brown fox jumps over the fence,* or something else of the sort.

Although I don't talk about it at home any more, the pounding that volleys and thunders from his room brings recollections of my own youth when a kind and thoughtful grammar school principal, Professor Trace, coaxed me to learn the piano system on his office typewriter. That was before shift-keys were popular. The Professor owned a gigantic Smith-Premier, a double-decker with a key for every character. Keys stretched out in all directions, as far as the eye could reach. It was a regular pipe organ.

After I got the hang of it I was given a long manuscript to type; it was all about the Monroe Doctrine. Laboring

over it for hours, I became an authority on the famous document. Every angle of it was familiar to me. I was thoroughly grounded in all the complex phases of this epochal state paper.

But not now. The fingers of the brain are flaccid too. Facts elude their grip. Knowledge prized in the long ago goes skittering to the outer darkness as you grope for it on mental shelves. The brain cupboard is getting bare although, unlike Mother Hubbard, you can still find bone.

FROM THE MAIL BAG

Thanks to CORNER-customer B. Underdahl of Portland, Oregon, for liking the August CORNER about glorious geography, and thanks to his stenog for liking it too, and for putting on that little postscript. A swell letter that is going into the pouch for future inspiration and quotation.

Phooey to the anonymous admirer in Nutley, New Jersey, who wrote about the same CORNER, on the margin of it:

"It is astonishing that you have space for drivle like this while stuff of real merrit is kept on the waiting list for months on end. One who has been reading ORAL HYGIENE for twenty odd years."

The spelling is the admirer's own.

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S., *Editor*
Rea Proctor McGee, D.D.S., M.D., *Editor Emeritus*

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30 Reasons
WHY PEOPLE STAY AWAY
From Dentists

By HOWARD R. RAPER, D.D.S.

PART II

3. Because people resent dental bills.

Very few people are able to buy everything they want, except perhaps during a period of great national prosperity. Ordinarily people must plan and save in order to purchase the things they desire. Automobiles, trips, radios, clothes, electric iceboxes—all these things are planned for. And then perhaps the planner gets the toothache and has to go to the dentist and pay him instead of buying what he wants.

No wonder the dental bill is resented. It interferes with

plans for pleasure; it gets in the way of the purchase of things wanted for their own sake. Dental service is seldom if ever wanted for its own sake; it is acceptable only as a corrective of an otherwise intolerable or dangerous condition.

To explain what I am trying to say in a sentence: Imagine the effect it would have on a boy to learn that instead of getting the boat he had planned on, he found he would have to do without the boat and have his teeth treated instead.

There is not much to be done about this situation, except to recognize the facts. If people could be induced to go to the dentist more regularly, the dental bills would be smaller and so would interfere less with other plans. If the people could only be made to understand that there is no such thing as really escaping the dentist, that it is only a question of when one shall go; perhaps then more people would include the dentist in the family budget instead of trying vainly and pitifully to get out of patronizing him altogether.

A more regular, planned patronage of the dentist would not only be very much better for the people, but it would also be better for dentists during periods of depression. As dentistry is practiced, the dentist is not much better off than the worker in a factory or mine. I mean to say he has work during prosperous times and almost none at all during periods of depression. The dentist is idle, while mouths become hopelessly wrecked and health is seriously jeopardized. There is something of the same tragedy in this that there is in the spectacle of people starving amidst plenty.

4. Because people are genuinely afraid of dental bills.

Too many people have been persuaded, by high-power salesmanship methods, to accept dental work, particularly work of a prosthetic nature, that they could not afford. Under such circumstances, these people have had a perfectly terrible time paying. This, of course, makes them afraid

to go back to the dentist, fearing a similar experience. They become dentist-shy, so to speak.

If people, on going to a dental office, found it easier to get out again without it costing too much they would be more willing to go back. Let us try to treat patients as though we wanted them to come back some time, instead of trying to make too much hay while the sun shines.

5. Because so few dentists have made a genuine and sincere effort to fit the patient's dental service to his ability to pay.

Let us take a concrete case to illustrate this point. A man has, let us say, twelve cavities in his teeth, among them three large ones, the remainder rather small. He goes to a dentist. The dentist fills the three cavities first, using inlays for the purpose.

This takes all the money the man has available for dental purposes. So he is dismissed with the nine small cavities unfilled.

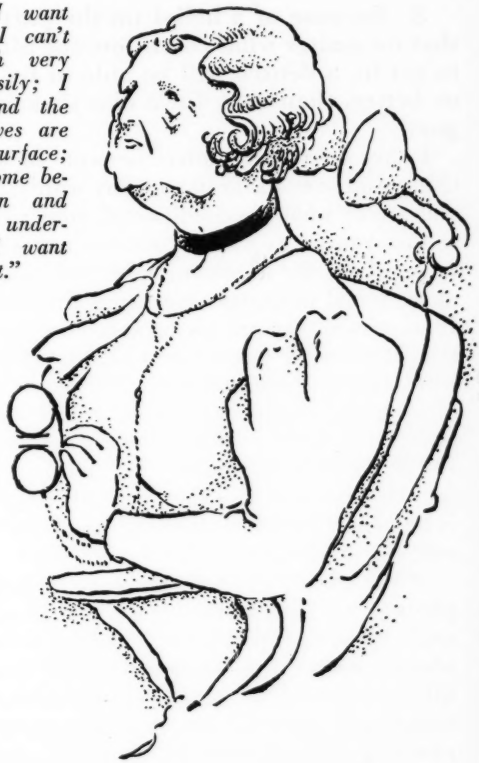
That is what I mean by not fitting the dental service to the patient's pocketbook. How much better it would have been to insert temporary plastic fillings in *all* of the cavities instead of making gaudy inlays for only two or three.

6. Because of the fear of pain.

People are not quite so afraid of dentists as they used to be, because we have better anesthetics; but they are still afraid and always will be. Although the fear of the dentist cannot be eliminated entirely it can be superseded by a bigger and better fear; that is to say, the fear of the consequences of not going to the dentist.

The patient stands between the two fears, the fear of the pain the dental operator may inflict and the fear of the pain and consequences of not going to the dentist. If his fear of the consequences is greater he goes to the dental office; if it is not, he stays away. I myself have some little anxiety about what it is going to be like when I am to have a cavity excavated, but my anxiety and knowledge of the

"Now, Doctor, I want only the best. I can't open my mouth very wide; I gag easily; I simply can't stand the grinder; my nerves are very near the surface; and I can only come between three-fifteen and three-thirty. You understand, Doctor, I want only the best."



inevitable consequences of neglect is such that I do not hesitate. I take my medicine, but it is medicine.

7. Because people are intolerant of discomfort.

Not a few people are extremely intolerant of the slightest discomfort, to say nothing of pain. I doubt if I have as much sympathy for these people as perhaps I should have; they are so unwilling to do their part. It is difficult to invite them to the dental chair, and it is even more difficult to do anything for them after they are in it.

Try as he will the dentist cannot do good work for them, and so a stern and relentless justice pursues them.

8. Because of a belief on the part of the people that no matter what condition one allows his mouth to get in, a dentist will be able to fix it up as good, or better, than new, for a cost that he can afford to pay.

I have seen dental advertisements in which the advertising dentist has said in so many words: "No matter who you are or what the condition of your mouth may be, we can fix you up as good as new for a price you can afford to pay." Of the numerous false and conscienceless statements found in dental advertising, this is one of the worst. It encourages neglect, giving assurance that no matter what the extent of the neglect may be, the damage may be corrected and at a cost that even poor people can afford. Why hurry to the dentist if all dental troubles can be overcome quickly, no matter when you elect to go?

The truth is, of course, that the only dental salvation for the poor man and the man in ordinary circumstances is to go to the dentist early and regularly when there is no extensive and expensive work to be done.

While ethical practitioners have done nothing, at least publicly, to promote the idea that it is safe to neglect the teeth, the ethical group has not done enough to dispel the idea from the minds of the people. It is one of the unfulfilled obligations of the dental profession, to make people understand more clearly than they do that a badly neglected mouth can never be made "as good as new." When the profession sees that the people pay it the undeserved compliment of expecting miraculous and impossible things it is too prone to accept the compliment and try to blush, instead of vigorously admitting its limitations.

9. Because of the actual efficiency of the profession in repairing dental damage, from an esthetic standpoint at least.

I have amused and educated myself, and probably annoyed my friends, by asking the question: "Why do you go to a dentist?" Most people find it difficult to answer. Apparently, they do not know exactly why they go.

I recall taking an automobile ride with a young man and

a young woman. I asked them:

"Do you go to a dentist?"

"Yes."

"Do you go when you are not in pain?"

"Yes."

"Why do you go?"

The young lady made a good answer. She said: "My mother had pyorrhea and lost all of her teeth. I am afraid I will lose all of mine if I do not go."

I turned to the young man, "Why do you go?"

He stammered, evaded the question, said, "Isn't it a good thing to go?"

"Yes, but *why* do you go?"

"Well," he mused, "I suppose it is because I am afraid I might lose a front tooth."

The girl spoke up. "That's no reason at all. What if you do lose one or two front teeth, the dentist can put them back so nobody will know it."

It is ironic, but it seems to be true, that even the efficiency of the profession seems to act as a sort of boomerang against it. If injury to personal appearance can be corrected so perfectly, why hurry to the dentist to prevent it? Next week, next month, next year—any time will do.

10. Because of the widespread belief that everybody must have false teeth sooner or later.

As everyone knows, there is such a belief. Moreover, there is good reason for it. Nearly everybody does have false teeth sooner or later. Nor is this all. Nearly everybody has false teeth sooner or later whether he goes to a dentist occasionally or not.

If everybody has false teeth sooner or later, whether he goes to a dentist or not, why hurry and go to the dentist?

There has not been sufficient difference in the end-results for those who have patronized dentists and those who have not. The reason for this is that those who have patronized dentists have not patronized them early or often enough. The usual form of patronage of even the faithful ones has been to neglect the teeth for several years, then have them extensively repaired; then neglect them several

more years, and have them extensively repaired again. And so on, until the final repair consists of dentures.

It is not to be inferred that the patient necessarily stays away from the dentist altogether during the periods of what I have designated as neglect. It is common during these periods to dash into the dental office occasionally for a hasty prophylaxis (?) and cursory, inadequate examination, the sort of examination that may be absolutely depended on to overlook all incipient disease and to fail to discover all proximal caries until a fourth to a half of the tooth is gone.

When dentists and patients make it their conscious aim to prevent toothache and to discover and treat pyorrhea in its incipiency, and regular interproximal x-ray examinations are made, to insure the discovery of disease in its incipiency, more teeth will be saved and there will then be a greater difference in the end-results between those who faithfully patronize dentists and those who do not.

11. Because people are afraid dentists will "bore holes in sound teeth" and do other unnecessary work for them for profit.

Dentists have done unnecessary things for patients for profit; surgeons have performed unnecessary operations for profit; attorneys have taken cases to court unnecessarily for profit. But I doubt if even the most unscrupulous of dentists often bore holes in sound teeth and fill them for profit. There is not enough profit in it.

The danger the people are in is not that dentists will make cavities in teeth to get to fill them, but that they will not fill the ones which exist.

12. Because people have been told that certain teeth must come out or they will get sick, go crazy, or suffer great agony, and having postponed acting on the advice, have discovered that none of these dire calamities has overtaken them.

Dentists should be and are becoming more careful about making definite statements concerning the teeth as a causative factor in systemic disease. The very nature of the cir-

cumstances makes exactitude impossible.

When people lose confidence in physicians they go to a chiropractor or faith healer; when they lose confidence in dentists they stay at home and use a new kind of toothbrush and a different dentifrice, and hope for the best.

13. Because of disagreement in the profession as to the danger of certain teeth to health.

Not a few people have had experiences similar to this. They have been to one dentist who has advised the extraction of all the teeth, basing the advice on radiographs usually. Not wishing to lose all the teeth, they have consulted another dentist, who has advised that none need be lost—the advice being given as a result of a study (?) of the same radiographs. Somewhat surprised and confused at such difference of opinion, they have consulted a third dentist, only to be told this time that they need to lose only half of the teeth, that the remaining half may be saved.

Under such circumstances, the patient is likely to decide that nobody really knows what to do and so the best thing to do for a time at least is nothing.

What is to be done about such cases? It is not easy to say. A more sincere study of radiodontia would lessen the disagreement somewhat, but as long as there is a pulpless tooth left there will be some who will advise its extraction and others its retention.

It seems to me, sometimes, that we talk too much about those things concerning which final agreement is impossible, and too little of the things on which we can agree. There are some things about which there is substantially no disagreement, and these should be emphasized. I know, and you know, that it is a good idea to fill teeth; that a good marginal ridge is better than an artificial one; that natural pulp is the best canal filling.

(To be continued next month.)

403 First National Bank Building
Albuquerque, New Mexico

Editor's note: This is the second installment of this series, the first of which appeared in the October issue.

Treat Health *with the* Importance It Deserves

By W. N. Miller, D.D.S.

With high hopes I have listened to many speakers whose announced subject was a plan to bring adequate dental services either to the masses or to the low income group, and have yet to hear anything more than generalities. I have tried to take these men seriously when they beg and urge us to be ready with a plan when the voice of the people demands a subsidized program. My own proposal, discussed here, would blend the present socialistic trend with professional needs and rights developing a plan of action that would, by the end of the third generation after its adoption, build this nation into a uniformly health-minded family.

Any talk of adequate medical or dental attention for everyone in this country is illusory. It would be physically impossible for the present number of physicians and dentists to care for all the needs of all the people. In fact, there are not enough physicians and dentists in the world to operate the first phase of my proposal, in the United States alone, so I cannot be accused of trying to undermine the professions.

The Proposition

Organized government should sense its responsibility for the health and education of its children until they reach the age of self-determination or judgment. Government should respect the rights of an individual to determine for himself or herself the degree of care desired, but a person should not be considered capable of discrimination until at least the sixteenth year. Therefore, the government cannot permit parents to judge unwisely concerning the health of their child any more than it now does concerning that child's education.

The solution depends on the inauguration of a combined health and educational pro-

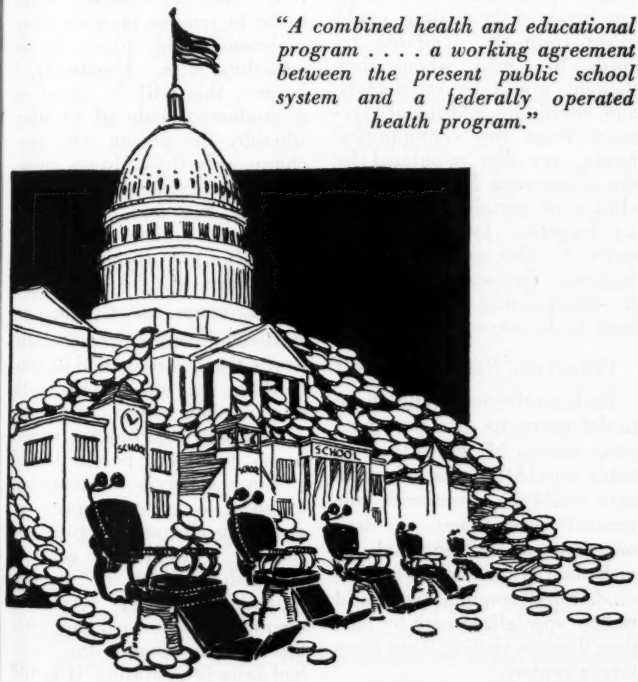
gram to be operated as a federal project or a working agreement between the present public school system and a federally operated health program.

There should be a chair in the Cabinet for the Secretary of Health, a man trained in the school of big business with a good knowledge of sociology. He would be the "governor" who would prevent one department of the health set-up from dominating the other, and the proportioning of the budget would be determined by him. He may or may not be a member of one of the professions.

Under the Secretary of Health would be two supervisors, one for medicine and another for dentistry. A dental supervisor would be selected by a highly competitive system to determine his business ability, his efficiency in dental practice, the accuracy with which he keeps records, and his willingness to think and work for the betterment of his profession.

The United States could be divided into perhaps ten dis-

"A combined health and educational program . . . . a working agreement between the present public school system and a federally operated health program."



tricts with ten sub-districts each and finally the clinics of the communities. Each of these three divisions would be headed by a supervisor holding title and rank comparable to his position; namely, Federal Supervisor, District Supervisor, Sub-District Supervisor, and Clinic Supervisor. Each member of the organization from operator in the clinic to highest executive would be encouraged to compete in examinations held annually on proficiency in the business and professional aspects of clinic work. Communities desiring new heads of their clinics could select from the available records the man whom they thought would be satisfactory and could, by additional payment from the communities' funds over that stipulated by the government for supervising clinics of certain size, create an incentive for dentists to strive to give complete satisfaction. The scale of salaries in clinics would be sufficiently high to be attractive.

Personnel Requirements

Each profession would have to determine its own personnel proportion. My guess for dentistry would be that adequate care could be given with one general practitioner to each one thousand children and one orthodontist for each two thousand. Small communities would receive specialized care by part time dentists visiting them from larger centers.

Financing

We find that our school systems are spending a great deal to send children back through a grade because of failure to pass on account of ill health, and parents are spending money to take care of children's ills that preventive measures might have averted. Therefore, we anticipate little opposition to the cost of such a program, feeling that it in the end will be a saving and not an expense. However, the method of acquiring the needed money will be through a federal tax, I believe, since the tendency seems to be to remove taxation from real-estate and place it on something else. Eventually, I believe, this will be based on a graduated scale of taxation whereby the person who purchases only those things necessary for existence pays the smallest tax and, as articles purchased radiate away from necessities for existence, the tax percentage will be increased.

Control of Clinic

Medical supervisors would devise their own method of controlling the quality of work done in their clinic.

Dentistry's problem would be to avoid the possibility of a clinic supervisor attempting to show a great quantity of service performed. From our records it would be easy to establish a mean or average number of patients served or operations performed and, after the first few months the clinic had been in operation, it would

be suspected of hasty service if its quantity exceeded this average. Whenever an official inspection showed that this clinic was operating more efficiently than others so that its quota exceeded the average and maintained the standard desired it would be cited as an example for other clinics to follow.

During the beginning years, all types of service would be required, but after a child has been in the clinic from infancy until the age of 5 there would be very little excuse for the loss of any first permanent molars, and all marked irregularities of formation would be corrected. Clinics would be established in school buildings, and children would be routed through the health clinics exactly as though their study rooms. Rural communities would be served by traveling clinics.

All of the present physical educational activities of the school would be placed under control of the health department and an intensive program of educational lectures, slides, and pamphlets would be used to foster the desire for adequate health throughout the school group. Mental hygiene and child guidance clinics would be conducted in conjunction with the school system, and osteopathic and chiropractic services would be available. Education for adults along the lines of health care would be fostered by use of pamphlets sent into the homes through the children. This would increase the demand upon private practitioners whose ranks would at first be badly depleted by the number entering into clinic work. Medical and dental colleges would be taxed to capacity to provide enough practitioners for the demand, and the supervised clinic would become a most valuable internship for medical and dental graduates desiring eventually to enter into private practice. The quality of work maintained in the clinic would be so high that private practitioners would have to be especially competent to maintain their position. All contagious cases would be referred to the city or county health department.

At first the clinics would take children of the first grade and work back into the field of the pre-school child, extending into the succeeding grades only as they were able to set up the needed personnel over and above that required to care for the original first graders adequately and continuously. I estimate that it might be ten years at least before the program could be operating in all of the grades including children of 16. All lines of business relating to dentistry and medicine would be stimulated by increased needs for equipment and supplies.

EDUCATION'S PARALLEL

The principle of compulsory education for every child grew up in the sixteenth century. It

was built on the principle that each person should judge his own religious requirements which necessitated his having the ability to read the literature available; especially religious literature, mainly the Bible.

Since this principle has been so firmly established and is so universally accepted in this country, it would be foolish for a health program to go back to the building necessary in the growth of education. Health's parallel to education should be recognized and the program applied as a federal project.

For any objection or argument against such a program I can find a parallel situation which arose in education's growth and show the established precedents which permitted the overriding of such objection.

Many children are denied adequate health service through the selfishness or ignorance of their parents even though the necessary funds may be available. All children who come from families where inadequate earning capacity now makes adequate health care an impossibility would receive the same treatment as the millionaire's children. The head of the family would know that the only medical care demanded in his budget would be for the adult members of his family. This sense of security would be the means of producing a great deal better spirit in the working of many family heads. Eventually we would produce a health-minded race and the expense would not exceed that amount which is at present spent for very inadequate care. This program would sound the death knell for the great majority of proprietary remedies on which the public now wastes its money or even endangers its welfare. The plan would naturally embrace the nursing profession hygienists and, eventually, hospitalization and tuberculosis preventoria would be established adjuncts to its service.

Neither the "panel" nor "insurance" systems of health care offer any possibility of adequate attention and make no attempt to improve the deplorable health conditions which exist. By compulsory health service to the young, the organized community agrees to protect the child from those who would abuse him through ignorance, poverty, or intent until he reaches an age where he can protect himself.

SUMMARY

1. We have recognized the fact that it would be impossible to give everyone adequate health care.

2. Gratuitous relief based on lack of income is inadequate, demoralizing, and extended only to those who make application for it. Pride keeps the most deserving families from receiving care. Children get no care unless they are crying from pain, and the cost of investigation and administration almost equals that for the actual care.

3. Since we have established that someone must be left out in any plan of health care, we have decided to ignore all adults except for the actual relief of pain and concentrate on the health care of

every child. We will give adequate service with no stigma of charity.

4. We would avoid awaiting the slow process of evolving a system from small beginnings by applying the plan over the whole country at once by a federal act. We justify this by recognizing the parallel between the value of education to the future citizen and the value of health to him or her.

5. Political entanglements would be avoided by establishing a competitive system of promotion by which any member of the organization might make application for progress according to his ability.

6. We would make it possible for especially competent supervisors to receive commensurate compensation by permitting local communities to offer a bonus to a particularly desirable man.

7. We feel that this plan will build for the future, prove an economy rather than an expense, and will not produce any more injustices than does our present lax system of emergency care for adults.

Author's Note—This plan was first proposed before the Cleveland Study Club of Dental Economics at its annual meeting May 14, 1934, under the title, Building Health into the Family Budget Forever. I am presenting it here in a condensed form, but I wish to assure readers that statements made can be substantiated by facts and that all references to education's parallel to health have been checked by exhaustive reference work.

207 Dryden Building
Flint, Michigan

RACKETEER SELLS WHISKEY

Doctor W. E. Beachley, 110 South Potomac Street, Hagerstown, Maryland, in the following letter to ORAL HYGIENE, warns readers against a petty racketeer of whom he was a recent victim:

"A young man came into my office three weeks ago and offered to sell me a good brand of whiskey at $9 for six pints. He was very insistent and told me that he had sold to several dentists in town whom I know and showed me orders from them. Upon calling one of them and finding he had given the man an order and a down payment of $3, I also placed an order with him and gave him the full amount of $9. I have not seen him since, nor have I received the whiskey.

"This man represented himself as a dentist and also showed me a letter of recommendation from some dentist outside of this city who knew him. The firm he represented was called Menuth Laboratory, Inc., 1120 Race Street, Cincinnati, Ohio. I wrote to this firm but my letter was returned marked, 'moved,' and 'can't find them.'

"I understand the government is on the trail of this man, as he collected a good deal of money here and delivered no whiskey. I hope they will find him soon, but meanwhile I want to warn other members of the dental profession against this faker."

"..he handed the young lady a bill."

Doctor Stevens

Pulls a Fast One

By L. C. GREENBURG, D.D.S.

DOCTOR Stevens had been practicing dentistry in the little town of 2,000 for more than twenty years and knew the inhabitants for miles around, called most of them by their first names and, to his professional credit, received a usual cheery, "Hello Doc!" from all.

He occupied the second floor of a building whose spacious windows faced the Citizens Bank across the street. He was one of the solid "citizens" of this bank, having for several years, been one of its directors. Naturally he took a marked interest in it, noting all who entered and left its doors. Naturally, too, his own savings reposed therein, although not increased materially during the last two hectic years.

Business had dropped to a low point. At first he was worried, confused, looked askance toward the office down the street into which a new young advertising competitor had moved recently. But when, after six months, this thorn in his side moved to another city, Doctor Stevens went for a confidential chat with the other regular dentist, and returned, if not satisfied, at least realizing he was not alone in his business misery.

As usual, he diverted himself this morning by watching the bank customers, another source of worry for the director. Deposits like his practice, had fallen off: the last dividend had been skipped.

He sat up, suddenly alert, as a large black sedan stopped before the depository. This was a strange car—he knew every one in the county—tourists, probably passing through. He noticed an unusual long, special built sort of a low trunk, running the length of the running board.

Now three men and a woman got out, stretched indolently as from a long ride, and glanced casually around. The woman looked up and called her friend's attention to the dentist's office, the man nodding his head in evident approval. Doctor Stevens had visions of a patient and some sorely needed cash. However, the man must have changed his mind: he handed the young lady a bill. She entered the bank, and he strolled indifferently toward the corner, two doors away. The two other men stood, momentarily undecided which way to turn, examined the surrounding territory, then entered the cigar store a few doors up in the direction opposite to the one in which the lone stroller had gone.

Doctor Stevens sighed. Evidently his prospect had vanished—no cash there. He continued to manifest passing interest in the strangers and later saw the girl hand some bills to her companion who, having returned, was standing by the car. Evidently she had gone into the bank for change. Again the discouraged dentist's hopes rose as the couple start-

"I may be able to do some business with them later."

ed across toward his office, looking up at his windows.

Expectantly he listened! Yes, they were coming up the stairs —cash customers! In another moment he greeted them affably. The gentleman's gums had been bleeding each time he brushed his teeth; they would be in this vicinity for a few days. Could he treat them daily while here? Could he?! A hasty examination showed apparently healthy gums with no sign of any pathologic condition but considerable deposits. However, Doctor Stevens offered encouragement: he would do his best in the limited time; he hoped to get good results in a few days. The man was pleased at the prognosis. His wife smiled encouragingly; she would wait in the machine.

Reluctantly he permitted her to go: dental offices made her so nervous! The devoted husband spread apart the window curtains, watched her until she entered the big car, then sat back, demurring when the dentist attempted to redraw the curtains. He preferred to look out, to keep his mind diverted. Doctor Stevens accommodated, smiling tolerantly as he realized his patient's comely wife was the object of the "diversion."

The dentist stalled along for a half hour, slowly removing the particles of deposit while his placid patient sat serenely observing the landscape across the street, now limited to the bank, as his attractive wife had joined the two other men in a drive down the street. From nine to nine-thirty the thrifty dentist worked while his patient, oblivious of his efforts, manifested casual interest at the activity within the bank, plainly seen from his elevated position.

"Not a very busy bank," the patient observed.

"It's a little early," the director defended, "business doesn't start there much before ten. That bank does about all the business of our county."

"With one clerk?" his patient questioned incredulously, "I couldn't help but see the activity over there and wondered where the rest of the help could be. He'd be swamped in case of a run!" he laughed, good naturedly.

"Oh, the bookkeeper helps out, and the president too, in a rush," informed the defender. "Business is pretty slack these days. The bookkeeper is the president's daughter and takes her time getting down these depression mornings."

"Bank there?" he asked. Doctor Stevens nodded affirmation.

"I imagine a person would about strap their reserve if he drew out a few hundred," he derided.

"Not on your life!" asserted the other emphatically. "They've got plenty of money on hand and, confidentially, in these hazardous days they don't transfer it to the city depositories: it's safer here!"

"Glad to learn that," observed the doubter, appreciatively. "I may be able to do some business with them later."

Doctor Stevens was duly impressed. Transients should pay a good fee. So, when he prepared to leave, the dentist observed with satisfaction that his patient evinced no surprise nor resentment at being assessed $5. The patient requested an eight o'clock appointment for the next morning. The sedan had returned to its regular position, and he joined his friends, immediately driving away.

The next morning Doctor Stevens was ready for the golden goose. Fondly he stroked and smoothed out the lone $5, the total receipts of the previous day: it would soon have company! The familiar car

now stopped across the street before the bank; the same companions scattered to while away the monotonous necessary wait; and his patient again took the chair. Once more he separated the curtains as the dentist smiled patronizingly. Again, better than half an hour went by, broken by occasional conversation.

"Ah," the victim ejaculated, "the treasury opens! Is that the president? Pretty old to be in such a responsible position!"

"Old but wise!" admired his board member, "Slow on foot but quick on the trigger!"

The patient looked up quickly—"You don't mean that literally do you?" he smiled. "I don't imagine they find it necessary to keep any extensive arsenal there, in a peaceful town like this. I don't see even the customary burglar alarm in the front."

"We've never been bothered here with robbers yet," the doctor informed him. "They were considering an alarm system just when things broke. They've got a couple of old shotguns over there," he laughed, "been standing loaded for years; probably would fail to go off in an emergency. If they did

"Ah! The treasury opens."

go off they'd make enough noise to act as a burglar alarm over the entire county."

The appreciative patient enjoyed the joke, laughing heartily with the dentist. Now the old president toddled in, after opening the double doors, then went directly to the safe, working the combination.

"Open please," twice requested Doctor Stevens, but the patient failed to hear. He was leaning forward, tensely eager as he watched the old man open the safe and swing back the door. Suddenly a suspicion permeated the stolid man's mind. As he watched the eager patient's intent interest, the suspicion became crystallized. His many questions; his insistence upon spreading back the curtains to have an unobstructed view of the bank's interior and its workings; his apparently healthy mouth: those gums probably never bled. This was just an excuse to have a preliminary observation post. Strangers—all! His confederates getting the lay of the land!

For a moment he was weak with the horror and realization of it: the innocent useful information he had bestowed. The intense interest of the man enabled him to restore his equilibrium. Deliberately he busied himself at the sterilizer to permit the other to observe undisturbed. Evidently satisfied, the patient sat back looking at the dentist who, having apparently procured a necessary instrument, was ready to proceed. Both saw Morton, the cashier, enter at eighty-thirty.

"That cashier truly keeps 'banker's hours,'" lightly remarked the now marked crook. "Is he always that late? Leaves the old man alone a half hour?"

"Yes," promptly responded his information bureau, "Old Hardesty gets there always at eight, always opens the safe before he removes his hat. Morton never comes much before nine; he's early this morning. We live a rather indolent life in these little towns. I never get here before nine unless I have an early appointment." He would give the fellow lots of rope now, make everything smooth and easy. He was removing the napkin from him. Without question he tendered another $5 bill.

"How about making my appointment about one tomorrow?" he asked. "It will suit me better. I've some other important business in the morning."

Doctor Stevens anticipated this. They would be expecting him to arrive about nine, late enough to prevent being a troublesome witness to that "important business" which would undoubtedly be pulled off early next morning!

"Fine!" he agreed with alacrity, "I wanted to take a run out to my farm in the morning. I won't have to hurry back!"

He saw the man speak rapidly to his companions who listened eagerly, smiled confidently. Evidently he was telling

them how that "boob" dentist supplied all the needed, valuable information; that another "appointment" would not be necessary—they could finish their "business" tomorrow shortly after eight—as soon as the president, as usual, opened the strong box before removing his hat. Then they drove away.

The perspicacious dentist went calmly about his office with a complacent smile. He was in no hurry to make a move, arouse their possible suspicions, if watched, by leaving the office before lunch. At noon, without unduly frightening his president, he conveyed his suspicions, receiving the assurance of the nervous man that he would play his part. Then he walked slowly down to the confectionery store next door to the police station and telephoned the chief who promptly joined him at lunch. Here details were carefully arranged.

The next morning the aged president, ignoring the four occupants of the already waiting sedan, forced his quaking nerves to a semblance of calmness as he unlocked the door, which he swung in, leaving the spring lock on and failing to open the other half. Then, as usual, he went to the vault, opening the door of the empty repository; the money, in case of some slipup, having been placed elsewhere over night.

Now, Doctor Stevens, vibrant with suppressed excitement, from behind his curtains, saw the three men get out, open that long running board case, and two of them take out submachine guns. His legs became unsteady; it was his part to snap the bank door shut, trapping them within. He was the hero of the hour—he must not fail! Timorously he mustered his waning courage, hurried down the stairs, across the street and, just as a truck "accidentally" stopped before the sedan, he reached in and closed the bank door. At the moment the "truck driver" stepped down and took charge of the lady whose motor was softly purring.

Simultaneously events moved rapidly inside the bank. The three crooks entered; two with guns, the third with a large case. Hardly had they stepped inside when all turned as the door banged closed. Instantly, from every direction a veritable army attacked the trio, an army whose battle cry was "no quarter" as they beheld the deadly sub-machine guns. Quickly, effectively, they fell upon the crooks, battering them instantly into unconsciousness, then putting them in chains. Now the proud, shaking dentist knocked on the door, having witnessed the rout with great satisfaction.

"There they are, doc!" exclaimed the chief admiringly, "all credit to you. You outwitted 'em." As the popular dentist tried to assume a look of modesty, "They're not dead, just knocked out for the moment. I'll say you pulled their fangs!"

All crowded around to shake

his hand, the old president, now calmed, included. Soon the three manifested signs of recovering and in a few moments looked around confusedly, not yet realizing what had descended on them. They were pulled to their feet. Doctor Stevens' recent patient was the first to regain his complete senses and looked at the throng, his eyes resting on the dentist. He smiled wanly, somewhat astonished to find him there.

"I thought you were going to the country, doc" he ventured faintly, "I'm afraid I won't be able to keep that appointment with you this afternoon."

506 Kahn Building
Indianapolis, Indiana

"Changed my mind," laconically observed the "doc," "thought I'd stick around and see how you got along with that 'important business' you said you had on this morning. Maybe next time you go to a dentist to have your gums treated, you'll keep your mouth open and your eyes shut. You saw too much to interest you over here to suit me, and asked altogether too many questions! Well, good-bye, take care of those bleeding gums," he smilingly admonished, as he turned away, oblivious to the look of astonished realization in the beaten crook's eyes.

APPROVED DENTAL SCHOOLS

Following a study of dental schools in all parts of the country, the New Jersey State Board of Registration and Examination in Dentistry has issued for publication a list of approved schools.

In a letter to ORAL HYGIENE John C. Forsyth, D.D.S., Secretary of the Board, sends the following resolution which was recently adopted by the New Jersey Board:

"RESOLVED: That on and after June, 1937, this Board will accept as candidates, graduates of only the following dental schools:

Howard University; University of Illinois; Harvard University; Tufts College; New York University; Columbia University; University of Buffalo; Western Reserve University; Ohio State University; University of Pennsylvania; Meharry Medical College; and that additional dental schools from time to time be either added or deleted from this list by action of the Board, as circumstances may dictate."

The foregoing resolution does not affect those men who have completed one year of pre-dental work. The time is extended to include men who will graduate in 1938.

Health Insurance?

SO WHAT?

By HERBERT E. PHILLIPS, D.D.S.

(*Conclusion*)

IN the recent study of health service under the Federal Emergency Relief it was repeatedly brought to my attention that, even where the fees are ridiculously low, dental care for the unemployed is ignored in some states, and is given but scant attention in others. Funds are limited, it was said,[14] and medical care is more important than dental care. Many shortsighted dentists have agreed in principle to this idea when they have urged only limited emergency dental care for those on unemployment relief.

SIGNIFICANT FACTS

The facts presented seem to have implications of fundamental economic significance to the dental profession. In 1929 it required about 25 per cent of the population to enable dentists to average about $4,000 a year.[16] It is estimated that less than 15 per cent of the people are now able to contribute to dental income. In other words, the effective market for dental service has shrunk; office overhead has decreased but little, leaving net dental income in many cases below the subsistence point. What we need to give us greater economic security is, speaking in business terms, a wider, more extensive market. Where may we find it?

Let us play with figures for a while. Out of a population in the United States of 120,000,000, let us say 15 per cent,

[14]Phillips, H. E.: A Survey of the Response by the Medical and Dental Professions Furnishing Care Under FERA Circular No. 7, J. A. D. A. In Bureau of Public Relations department, **21**:1087 (June) 1934.

[16]Levin, Maurice: The Practice of Dentistry and the Incomes of Dentists in Twenty States, University of Chicago Press, 1929.

The Milbank Memorial fund, one of the most important and powerful of the many lay organizations interested in health insurance, recently presented a tentative outline draft of an insurance scheme for the use of interested state or national legislative bodies. The proposed plan included families with under $3,000 a year income and provided for hospital care and services of general practitioners of medicine, *dental care of a limited character to be provided only in local areas requesting it.*

Doctor Falk, the chief of staff, in explaining the necessity for excluding adequate dental service from the plans, stated in effect—"At every point we have had to face, more particularly with regard to *dentistry,* the issue of balancing the "*economic question* against the dictates of the medical sciences. If we were to recommend dental care on as adequate a basis as medical care we should almost double the cost of the program."[15] (Italics ours.)

or about 18,000,000 persons, adults and children, in the highest family income bracket, at the present represent the market for dentists in private practice. According to Mr. Harry Hopkins, in April, 1934, about 20,000,000 persons were on relief rolls. For these the government is providing emergency dental care for which it allows on an average about half the regular minimum fees. Not much hope for a paying market here. This leaves about 80,000,000 persons in families having below $3,000 a year income. Here, then, among this 80,000,000 is the wide market where dentists in private practice might hope to extend their service. Let us see. For children of this class, authorities

[15]Reprint from Problems of Health Conservation: Report of the Round Table on Medical Care, Milbank Memorial Fund.

both within and without the profession are recommending tax-paid dental service as the only way in which preventive dentistry for children can be successfully practiced. The proposal of Doctor Strusser of the New York city Department of Health is on this basis, and experts agree that the recommendations flowing from the school dental examination conducted by the United States Public Health Service and the American Dental Association, if they are to be effective, will have to follow in general the same lines.

SOCIAL INSURANCE

For the adults in this income group the President is proposing social insurance, and lay organizations are sitting up nights writing the details of health insurance programs which the President might use if he decides to include health insurance in his drive to provide social security for the workers.

Health insurance now

In view of the facts presented and to profit by the experience of the dentists of England it seems appropriate:

1. That the dental profession officially declare and maintain the professional position that all persons, regardless of their economic status, require and should receive adequate dental care; and further declare that the economic as well as the health interests of all society will best be served by allocating sufficient funds to provide adequate service, both dental and medical, to all patients, including the indigent for whom the community is responsible, and for those who come within the scope of any organized method of payment.
2. That the dental profession immediately develop standards defining in principle what adequate dental care from a health standpoint includes.
3. That the professions recognize officially the rapid movement toward health insurance and tax supported health service, that they collect data and train personnel to present expertly to any group information necessary to an understanding of the relation of dental health to general health, including costs and administration of dental service.
4. That the profession refuse to accept as adequate any lowered standard of dental service either for unemployed indigents or working class patients in an insurance scheme, and that all groups of patients be advised of the health menace inherent in any program providing less than adequate care.

looms[17] on the horizon, and all lay groups writing the details for the statute books are limiting dental care to the minimum. If these lay plans go through, virtually all health insurance funds will be spent for medical care, and dental health will be neglected as in England.

Report No. 25 of the Committee on the Costs of Medical Care points out that a majority of working class groups on an insurance basis are able to pay for medical care [18] but unable to pay the additional amount, for dental care.

I am of the opinion that, from a health standpoint, dental care is as necessary as medical care and that, if there are not sufficient funds provided by health insurance to supply both adequately, an equitable division of funds be made. It has been estimated that adequate medical care will cost $82 a year per family and adequate dental care $44 a year per family. Allocation of funds might be made on that basis.[19]

From the foregoing statements it would seem that the health of the American working class and the economic and professional interests of the dental profession demand that organized dentistry devote much time and thought to the task of convincing governments, industry, and working men that the nation's health care will best be served by allocating sufficient funds to include adequate dental care in every health service program.

[17]Author's Note: The writer fully realizes that he has drawn what may seem an extreme picture but, when we remember the short period of time required to write workmen's compensation into the laws of forty-six states, old age pensions into the statutes of twenty states, and the widespread acceptance of unemployment insurance, the possibilities of health insurance do not seem so remote.

[18]Reed, L. S.: The Ability to Pay For Medical Care, Report of the Committee on the Costs of Medical Care, Vol. 25, University of Chicago Press, p. 90 (January) 1933.

[19]Footnote 18, pp. 86-87.

5427 S. Ashland Avenue
Chicago, Illinois

NEW YORK DENTAL CENTENNIAL

A number of distinguished scientists and clinicians have accepted invitations to address the members of the profession at the New York Dental Centennial Meeting to be held at the Hotel Pennsylvania, New York City, December 3-7, 1934, according to the program committee.

Well-known investigators, as Doctor E. C. Rosenow, Mayo Clinic; Doctor James C. Healey, Tufts College Dental School; Doctor Martha Jones, of Hawaii; and Doctor Frank M. Casto, President of the American Dental Association, will present their observations on diverse topics. Other features of the program will be the best group of dental historical exhibits ever assembled and a unique pageant.

The PORTLAND PLAN

By M. A. MILNE, D.M.D.

"WHAT is the general opinion among the Portland dentists about the 'Portland Plan'?" is a question being commonly asked in hundreds of letters that have come to my office in the past two years.

A short summary of the "plan" and a brief record of our experiences in educational work may serve to answer this question.

In our practical educational project, called the "Portland Plan," started in 1932, we use radio talks, given by the different members; speakers before various groups, such as Parent-Teachers; newspaper articles, motion pictures, and essay contests in the schools, and these methods are made practical by the use of our edited pamphlets for patient education.

The plan is based on, and built from, our twelve pamphlets. They contain stories about mouth infection, diet, pyorrhea, orthodontia, dentures, oral surgery, children's dentistry, and related subjects. Worked out by different committees, these pamphlets represent a sum total of many opinions which have passed the acid test of professional criticism. Thus they carry the basic health story of dentistry, acceptable to the profession and easily understood by patients.

We started out two years ago by collecting $10 from 100 dentists, so each subscriber received 100 copies of each of these twelve pamphlets just as soon as they were published. Every month a new pamphlet was developed. By this method we were able to secure subscriptions.

The State Board of Dental Examiners recognized the value of this educational material and spent another $1000 to print pamphlets. As a result of this $2000, in the last two years about 200,000 messages of dental health have gone out to the public through the dental offices and through the society to schools and similar groups.

One feature of the plan is that the dentist secures something which he can use in his practice. The pamphlets are displayed in reception rooms; they are given to patients in the office to answer dental questions; they are mailed with monthly statements; and they are mailed to patients with recall cards.

No dental practice has been "boomed" by using these pamphlets, but they have aroused a definite response among patients. Recall systems now have something more to them than a mere card calling the patients back. An effective health message may also be sent to each patient.

The society, too, is being definitely benefited. All pamphlets have the name of the society on page 1. Two hundred thousand such messages in a city of 300,000 establish the society as a force for good. This applies to dentists as well as to the public. Nonmembers realize that the society is a body with force and direction, going somewhere, with the desire to do good for all people and all dentists.

There is nothing sensational about the plan; nor is it a great practice builder. Neither does the plan require any great effort, as it simply operates day after day through the dental offices to the public.

Since our first pamphlet was published, July, 1932, the educational plan has been continuously in operation, applied by each dentist in his own way. There are no two dentists who use these pamphlets in the same manner. Some dentists put them on the reception room table in a haphazard manner, while others carefully arrange them so that patients can easily see the titles and thus choose the ones they wish to read. Some dentists will send them with their monthly statements, and others will not think of it. Some dentists have no recall system; some use only the telephone, and others, a mailing card. Personally, I have a list of all my patients. I send a portion of them a pamphlet with a recall card each month, keeping track of the date and the pamphlet sent.

Under such conditions there is a variety of opinions about this plan, but the outstanding point is that the material is never criticized. And I see no reason why the use of these pamphlets should be criticized. The greater the distribution—regardless of the manner—the greater the benefit to the public, and, if there is any added work comes to the dental profession in this way, then it is up to us to fulfill our obligation in an honest manner.

829 Medical Arts Building
Portland, Oregon

W. Linford Smith
Founder

ORAL HYGIENE

EDWARD J. RYAN, B.S., D.D.S.
Editor

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Give me the liberty to know, to utter, and to argue freely according to my conscience, above all liberties. — *John Milton*

"DOCTORS, DOLLARS, AND DISEASE"

IN the era of commissions and committees, the Committee on the Costs of Medical Care was considered to be one of the most auspicious organizations for fact finding. Two years ago this month, the Final Report of the Committee was released. Five years and a million dollars were spent in study. The Majority Report of this Committee comprised two major recommendations: first, that all types of medical service should be furnished largely by organized groups of physicians, dentists, nurses, pharmacists, and other associated personnel; second, that the costs of medical care be placed on a group payment basis through the use of insurance, through the use of taxation, or through the use of both these methods.

At the time the Final Report was released and the book, Medical Care For The American People, was published, the newspapers of the country reacted according to their individual editorial philosophies. The liberal press hailed the recommendations of the majority group as pointing to a new day in the distribution of medical costs and services. The conservative and reactionary press, later to be labeled the Tory press, commented on the report with considerable skepticism as a movement toward socialization.

Since November, 1932, the economic organization of the United States has been in upheaval with the continuous and steady movement toward all forms of socialization. In June, 1933, the Federal Government began to furnish medical care to the recipients of unemployment relief. To furnish this service the organized professional groups were asked to cooperate in formulating professional standards. This is medical care paid for by taxation: State medicine.

Every sign indicates that concrete applications of the abstract principle of social insurance will be considered in the next session of Congress. Health insurance, which is one of the major recommendations of the Majority Report of the Committee on the Costs of Medical Care, is likely to be considered along with other so-called security insurance legislation. The Minority Reports of the Committee were signed by the representatives of the American Dental Association and of the American Medical Association. Essentially both these minority groups pointed out the dangers in plans for medical care sponsored and controlled by laymen.

The fact finding era has yielded definitely to one of program planning. Unlike the reports of many other commissions and committees, which are filed in forgotten archives, machinery has recently been put in motion to present to the American people the philosophy of the majority group of the Committee on the Costs of Medical Care. Under the auspices of the National Advisory Council on Radio in Education, a series of radio programs under the title, DOCTORS, DOLLARS, and DISEASE, has been inaugurated. Every Monday evening from October 1, 1934, to February 25, 1935, over a coast to coast Columbia network, sixty-one stations will carry messages on medical economics. These lectures will represent, for the most part, the medical economic theories of such organizations as the Pollak Foundation, the Twentieth Century Fund, Julius Rosenwald Fund, and the Milbank Memorial Fund.

Of the twenty-two speakers on the program seven signed the Majority Report of the Committee on the Costs of Medical Care; one signed the first Minority Report (N. B. VanEtten, M.D.); one signed a personal statement; and four were members of the research staff of this Committee.

Only one speaker appearing in this series signed a Minority Report. Only one speaker represents the interests and attitudes of the American Dental Association and the American Medical Association. The Doctor of Philosophy, William Trufant Foster, Director of the Pollak Foundation, as the chairman of this program, states:

"The purpose of this series of radio talks is not to advocate any one solution of the problem, but to furnish reliable information and stimulate discussion."

In the first speech of the series, however, Mr. Foster suggested both group practice and the insurance principle as the solution; in other words, the sum and substance of the majority recommendations of the Committee on the Costs of Medical Care.

The significance of this program is simply this: The wheels of propaganda are being turned and plastic public opinion is being

molded on the vital subject of the economics of medical care by a group of laymen and representatives of the funds and foundations. One person representing the experience and outlook of the practicing dentist or physician is a speaker on this program. The interests of the practitioners of dentistry and medicine and their concern for the *type* of service that the public is to receive have been largely ignored. It is significant that this program is timed with fine political sagacity to be put on the air over a coast to coast network with definite continuity at precisely the same time that Congress is considering the subject of social insurance.

We have no fault to find with discussions on group practice or on health insurance; but these discussions should represent *every* point of view, and no one aspect of a question should be overlooked either through negligence or deliberate omission. We believe it is dangerously unfair and discourteous to the dentists and physicians of the United States that they have not been given the opportunity to express their opinions fully on these subjects in this series of programs. We reiterate that, under any system of group practice or group payment, professional standards and policies *must* be determined by dentists and physicians; not by laymen, whether they are relief administrators, insurance executives, executive secretaries of funds and foundations, or perhaps university professors.

SPONSORS AND SPEAKERS

The Pollak Foundation for Economic Research, Newton, Massachusetts; William Trufant Foster, Ph.D., Director. The purpose is to promote studies of the economic activities of the world and the distribution of products with a view to yielding to people generally the largest possible satisfaction. Studies have been published on cycles of unemployment, industrial accidents, real wages, and related subjects.[1]

Twentieth Century Fund, 11 West 42nd Street, New York City; Evans Clark, Director. Its purpose is to promote the improvement of economic, industrial, civic, and educational conditions. The trustees, generally speaking, contribute chiefly to those organizations in the field of industry and business that are dedicated to the ends of increasing human prosperity and well being.[1]

Julius Rosenwald Fund, 4901 Ellis Avenue, Chicago; Edwin R. Embree, President. This fund is used to promote Negro education; Negro health agencies; for cooperation in pay clinics and the giving of medical service to persons of moderate means; and the development of county library service in the southern states. It also gives aid to the study of social problems and assistance to certain educational projects.[1]

Milbank Memorial Fund, 40 Wall Street, New York City; John A. Kingsbury, Secretary. Its objects are: to improve the physical, mental, and moral condition of humanity and to advance charitable and benevolent projects in general. Philanthropic services are rendered in the fields of health, social welfare, and education. More than two-thirds of its total expenditures have been made for health and health research in recent years.[1] Future plans for this work are reflected in the tentative proposals

[1]Social Work Year Book, Russell Sage Foundation, 1933.

for mutalizing medical costs discussed in the editorial, MR. KINGSBURY SUGGESTS[2] in ORAL HYGIENE.

William Trufant Foster, Ph.D., Director, Pollak Foundation since 1920; college president; books written in collaboration with Waddill Catchings: "Money"; "Profits"; "Business Without a Buyer"; "The Road to Plenty"; signed the Majority Report of the Committee on the Costs of Medical Care.

Walter P. Bowers, M.D., Editor, New England Journal of Medicine; signed the Majority Report of the Committee on the Costs of Medical Care.

C. E. A. Winslow, D.P.H., Professor of Public Health, Yale University, School of Medicine; signed the Majority Report of the Committee on the Costs of Medical Care.

Robert Garland Jolly, Houston, Texas; President, American Hospital Association; superintendent of Memorial Hospital, Houston, since 1919; former president of the American Protestant Hospital Association, and the Texas State Hospital Association.

Edward A. Filene, LL.D., President of Filene's, Boston; founder and president of the Twentieth Century Fund; co-organizer of Boston Chamber of Commerce, Chamber of Commerce of the United States, and International Chamber of Commerce; founder and president of the Credit Union National Extension Bureau, directing the organization of cooperative credit associations throughout the United States; member General Advisory Council of American Association for Labor Legislation; author: "Successful Living in This Machine Age"; "The Way Out"; "More Profits from Merchandising"; "The Model Stock Plan."

Thomas Parran, Jr., M.D., Commissioner, State Department of Health, New York.

George H. Bigelow, M.D., Director, Massachusetts General Hospital, Boston; signed the Majority Report of the Committee on the Costs of Medical Care.

Nathan B. Van Etten, M.D., New York City; author of article, Health Insurance, Will it Regiment Doctors?, *Literary Digest.*

Ray Lyman Wilbur, M.D., President, Stanford University, former President, American Medical Association; Chairman, Committee on the Costs of Medical Care; Secretary of the Interior, 1929-1933.

Paul H. Douglas, Ph.D., Professor of Industrial Relations, University of Chicago; member of Consumer's Advisory Board, NRA, 1933; author: "American Apprenticeship and Industrial Education"; "Real Wages in the United States"; "The Coming of a New Party"; "Standards of Unemployment Insurance"; "The Theory of Wages."

Michael M. Davis, Ph.D., Director for Medical Services, Julius Rosenwald Fund, Chicago; signed the Majority Report of the Committee on Costs of Medical Care.

C. Rufus Rorem, Ph.D., C.P.A., Julius Rosenwald Fund, Chicago; member of research staff of the Committee on the Costs of Medical Care.

Frank Van Dyk, Executive Secretary, Hospital Council of Essex County, New Jersey.

Homer Wickenden, M.A., General Director, United Hospital Fund, New York City.

Miss Katherine Tucker, R.N., General Director, National Organization for Public Health Nursing, Inc.

Nathan Sinai, D.P.H., Director of Research, Michigan State Medical Society; member of research staff of the Committee on the Costs of Medical Care; author: "The Way of Health Insurance (with A. M. Simons)."

William Hard, L.D.H., Journalist, Washington, D. C.; contributor to the *New Republic*; Washington political correspondent; author: "The

[2]Editorial, Mr. Kingsbury Suggests, ORAL HYGIENE **24**:1010 (July) 1934.

Women of Tomorrow"; "Who's Hoover?", and "Raymond Robins' Story of Bolshevist Russia" (with Raymond Robins).

Haven Emerson, M.D., College of Physicians and Surgeons, New York; former president, American Public Health Association; signed Majority Report of the Committee on the Costs of Medical Care.

I. S. Falk, Ph.D., Milbank Memorial Fund, New York City; member of research staff of the Committee on the Costs of Medical Care.

Edgar Sydenstricker, Director of Research, Milbank Memorial Fund, New York City; and Statistician, U. S. Public Health Service, Washington, D. C.; signed a personal statement as a member of the Committee on the Costs of Medical Care.

Harry H. Moore, Ph.D., Director of Study, Committee on the Costs of Medical Care.

Livingston Farrand, M.D., President, Cornell University since October, 1921; Editor, *American Journal of Public Health*, 1912-1914; author: "Basis of American History."

DOCTOR HANKS BECOMES DENTAL ADVISOR

Of real significance to every member of the dental profession is the news that Doctor John T. Hanks, 17 Park Avenue, New York City, has recently been appointed by Harry L. Hopkins, Federal Emergency Relief Administrator, to the position of Dental Advisor. This appointment is an indication of the high regard in which the professional man is regarded by government officials. No doubt it will react to the benefit of the dental profession in settling its economic problems.

Doctor Hanks has also been asked by Edwin E. Witte, Executive Director of the Committee on Economic Security, to advise with his committee, which comprises the following members: Frances Perkins, Secretary of Labor, Chairman; Henry Morgenthau, Jr., Secretary of the Treasury; Homer S. Cummings, Attorney General; Henry A. Wallace, Secretary of Agriculture; and Harry L. Hopkins, Federal Emergency Relief Administrator.

This recognition of Doctor Hanks is of special importance because it is the first time the dental profession has been definitely deferred to by the Federal Administration in its relief activities. Doctor Hanks will make frequent trips to Washington.

Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado. Please enclose postage. Material of interest will be published.

CORRECTING DRY SOCKET

Having read at different times of "favorite remedies" for dry socket, I thought another one might be of service to someone.

First, I believe that "prevention is better than cure." After using due care as to the aseptic removal of the offending tooth I swab the alveolar socket with neosilvol solution, made, according to directions, from the gelatinous capsules. Then I sprinkle the socket with Parathesin powder. Next I advise that a cold, wet towel be folded the width of the hand, and placed on the face for a half hour or more over the place where the extraction was made. I tell the patient not to rinse the mouth for several hours and then to use a solution made of one-half teaspoonful of salt to a glassful of *hot* water and to avoid too vigorous rinsing so as not to disturb nature's blood clot.—SYDNEY A. SMITH, D.D.S., Bank of America Building, San Diego, California.

AREAS OF EROSION

Q.—A patient, a man of 40, is in good health, and practices excellent mouth hygiene, but presents areas of erosion at the gingiva on buccal and labial surfaces of almost all teeth. These areas are sensitive to heat, cold, touch, and even to inhaled air.

I have used repeated applications of zinc chloride and formalin without success. As a last resort I used silver nitrate. There was very little staining action, due, I believe, to the density and polish of the areas. However, I did get a good precipitation on one or two teeth, but even this failed to correct the condition. This is the first time in nine years that silver nitrate has failed me in the treatment of such areas.

I hesitate to use any of the metallic fillings on account of thermal shock. The silicate cements might provide insulation but would be far from permanent. What is your suggestion for further treatment or possible diet?—A. J. D., D.D.S., California.

A.—The subject of cervical erosion is certainly worthy of study for it contains problems that are not solved.

In our experience most of these cases have a period of hypersensitivity, which lasts only a year or two, and which is succeeded by permanent lack

of noticeable sensitivity. If the erosion is dangerously deep or the patient does not wish to endure the sensitiveness, we do not hesitate to place metallic fillings, where esthetics will permit. The results are satisfactory if a varnish and/or a non-conducting lining is used. —GEORGE R. WARNER

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UNUSUAL INJURY

Q.—A patient of mine, a girl, 18, returned from school recently with a weird story of lightning having struck an upper right cuspid tooth and checked the enamel on the labial surface nearly two-thirds of the way from the incisal edge toward the neck.

The patient was lying on a bed looking out an open window during an electrical storm, and this one flash put out the lights of the house and, at the same time, the patient felt this burning sensation (like a a burning wire) along the cuspid tooth. She immediately put her tongue on the tooth which felt rough, but, as the lights were out, she could not see it so she went to bed. (A taste as from a burnt match accompanied the shock.)

Next morning, she found the labial of the tooth black. Some of the color came off on her finger. By continually brushing all day with the aid of peroxide, salt, soda, and vinegar she removed the remainder of the black after which the tooth was a yellow shade and there was some roughness on the labial surface.

Could the lightning have caused this, and do you recommend smoothing this surface with discs? Would the shock have any effect on the pulp, if it was the shock which caused this?

The patient says she was not near anything on which she could have bumped her tooth and swears her teeth did not come together on an edge-to-edge bite. She is a reliable patient of good habits so I am sure she reported her experience accurately.—J. H. C., D.D.S., Pennsylvania.

A.—This is an interesting and certainly a most unusual case. Lightning so frequently acts in apparently freakish and unaccountable or miraculous ways that you certainly should not doubt this girl's statement.

For this cuspid tooth, I would suggest taking a roentgenogram and making thermal and electrical vitality tests. If the tooth checks vital, the roughened surface can be ground or polished or a jacket crown could be made.—V. C. SMEDLEY

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CANKER SORES

Q.—A woman, 41, presents on examination, canker sores or ulcers. At least one is always present and often more. When the condition is acute, as many as twenty may be found on the mucous membrane of lips, cheeks, sides of tongue, and sometimes on the throat. These remain for three weeks and then disappear for a week.

Family history—The patient's father, a physician, had similar lesions. He died when the patient was ten months old, so no accurate record of him is available.

Personal history—As a child the patient had scarlet fever at 4; measles and whooping cough, when a senior at high school; streptococcus sore throat during her last pregnancy about four years ago; recurrence of sore throat with general septicemia one year later; tonsils removed two years ago.

Oral hygiene—good; calculus always present about lower anteriors; saliva mucous giving teeth filmy and slimy appearance.

Diet—Primarily basic, with plenty of vegetables, fruits, milk; meat and eggs about once a week.

Examination—Skin and Cancer Foundation has made routine tests.

Family physician finds blood and other tests negative.—B. F. S., D.D.S., Pennsylvania.

A.—We find that canker sores are frequently due to food allergy. For instance, a great many persons have them on account of eating English walnuts. We have one patient who is sensitized to wheat. If she eats more than one slice of wheat bread a day, she will have the canker sores; otherwise, she is free from them. Some persons correct this condition by changing the intestinal flora through the use of sauerkraut.

It would seem wise, therefore, to have your patient tested for food sensitization and, at the same time, tell her to try to observe for herself the relation between the occurrence of the canker sores and certain foods. She might also try the sauerkraut as a remedy.—GEORGE R. WARNER

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ROPY SALIVA

In the June issue of ORAL HYGIENE,[1] you invited an expression of opinion on improving a ropy condition of the saliva. Have had this condition to contend with often, particularly in the taking of impressions. My way of treating this condition is to mix the juice of a good sized lemon in a glassful of cold water and rinse the mouth with this prior to impression taking. This appears to be of great benefit.— E. C. DACOSTA, D.D.S., Lancaster, Pennsylvania.

[1]Smedley, V. C.: Improving Condition of Saliva, ORAL HYGIENE, In Ask Oral Hygiene, **24**:867 (June) 1934.

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STAINED TEETH

Q.—A patient of mine, a young woman who is school teacher, has been bothered by a deposit that accumulates very rapidly on her teeth in spite of the best of care on her part.

The deposit is dark colored, almost black, sticks tightly to the teeth, and is difficult to remove with any of the usual polishing agents. I have noted the same deposit in other mouths, but her case is troublesome to both of us in that the patient is particular about the appearance of her teeth and I am most anxious to help her.

I have removed the stain several times, have repolished the teeth to a high luster, but it always recurs in a short time. I have checked her diet and can find nothing that might cause such a heavy stain except that the diet includes quite a number of eggs and more coffee perhaps than the average.

Would an analysis of the stains scraped from her teeth be of any help and if, in your opinion it would aid, where could I have such an analysis made and about how much would it cost?

I might add that the stain is not from nicotine as the patient does not smoke. The stain is much darker in color, in fact almost like an iron stain.—L. D. S., D.D.S., Nevada.

A.—It would be interesting and instructive to have your patient drop eggs from her diet long enough to demonstrate their causal relation to the stain. We believe an excessive egg or/and meat diet will cause just such stains in certain cases and have demonstrated it, but your case would be added data.

I don't believe we would derive much information from a microscopic examination of

stains, unless we could put material under the microscope that is directly from the teeth. —GEORGE R. WARNER

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NERVE PRESSURE

Q.—A patient of mine, a woman of 40, has been wearing a full upper denture for five months. After wearing it nearly two months she complained of a feeling of numbness on the left side of the jaw "as though the plate pressed too hard." There was little if any soreness. Cutting the rim down in that particular region relieved the condition. Now, after two months more, a similar condition has developed, involving the region between the cuspids. There is no soreness, but a sensation of pressure that develops into a feeling of thickness of the gums in that particular region, interfering with her speech. Pressing against the plate directly under the nose loosens the plate slightly and gives relief. How should I treat this condition? P. H. J., D.D.S., Florida.

A.—This sounds like a case of nerve pressure, either positive or negative, on the nerve trunk in the region of the anterior palatine foramen. Relieve the denture liberally over this area. If this does not provide the comfort desired, negative pressure or suction on this nerve tissue may be a factor. To test this fill in the relief area with soft wax and have the patient wear it for a few days. If discomfort ceases, your course is obvious.—V. C. SMEDLEY

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SETTLING AN ACCOUNT

Q.—I have been practicing general dentistry since my graduation in 1932 and I am in a quandary as to what to do about a situation that has developed in my practice. Will you please give me your opinion?

In July, 1933, I made a contract for $48 for the following services:

Richmond Crown	$25
Synthetic Enamel	3
Gold Inlay (M.O.)	12
Amalgam (1 surface)	2
Prophylaxis	1
Gold Foil (1 surface)	5

I completed all the work on November 11 of the same year. I was paid $15 on account and received a promise to pay in about a year.

About three weeks ago this patient telephoned me and told me that she had felt considerable pain in the tooth containing the Richmond crown. She went to a neighborhood dentist who removed the Richmond and told her that there was an abscess at the apex and that the tooth had to be extracted.

Because of this the patient says that she lost confidence in my work and said that my work was unsatisfactory. Her dentist telephoned me and said that I should have extracted the tooth instead of trying to save it. The tooth in question is an upper right cuspid which had root therapy done previously by some other dentist. A roentgenogram taken at the time of the work revealed a small area at the apex and the root therapy looked good. Because of the satisfactory appearance of the root therapy I thought the area would clear up, and made the Richmond. I am almost certain, however, that I told the patient of this fact before proceeding.

Now, the patient refuses to pay the balance of $33 but offers me $15 as a settlement. I refused and turned the case over to a lawyer, after giving her time to think over the full payment which I thought she owed me.

Her dentist, who said he had been practicing for fifteen years or more, also said that my work on the Richmond was very bad.

The patient told me about her dissatisfaction *after* she had visited another dentist. She did not come to me at all.

What course of action would you advise?—S. H. G., D.D.S., New York.

A.—Judging from the facts you have submitted I believe you would be wise to accept your patient's proposition in the settlement of the case. You certainly do not wish to go into court and have to admit that you took a roentgenogram of the tooth in question and noticed a radiolucent area at or near the apex and yet made a Richmond crown for that tooth. After your patient's lawyer finished with you, you would wish for a hole in the floor to open up and let you drop through it.

Occasionally all dentists leave pulpless teeth in mouths even when there is doubt about the safety of a certain tooth, but certainly one would not be justified in attaching a crown or bridge to such a tooth.

In my opinion you are to be excused on account of lack of experience, but in the eyes of your patient or a jury you are a licensed dentist who ought to have knowledge and judgment concerning such matters.—GEORGE R. WARNER

Dental Meeting Dates

The Odontological Society of Western Pennsylvania, 53rd annual meeting, William Penn Hotel, Pittsburgh, November 7-9.

The Massachusetts Board of Dental Examiners will hold an examination for registration of dentists and hygienists in the City of Boston, on November 19, 20, and 21. Full information may be obtained by applying to W. Henry Grant, D.M.D., Secretary, Room 141, State House, Boston. All applications must be filed at the office of the Secretary at least ten days before date set for examination.

Board of Dental Examiners of California, next regular meeting, San Francisco, December 3. Applications must be in the hands of the Secretary at least 20 days prior to the date of the examination. Address all communications to Doctor K. I. Nesbitt, 450 McAllister Street, San Francisco.

Alpha Omega Fraternity, 27th Annual Convention, Ambassador Hotel, Atlantic City, N. J., December 23-25.

New York Dental Centennial, Hotel Pennsylvania, New York City, December 3-7.

Midwinter Meeting of the Chicago Dental Society, Stevens Hotel, February 18-21, 1935.

Mississippi Dental Association, Annual Meeting, Robert E. Lee Hotel, Jackson, April 22-24, 1935.

The Dental Society of the State of New York, 67th Annual Meeting, Saranac Inn, Upper Saranac, N. Y., June 12-15, 1935.

What Insurance is VITAL?

By THOMAS J. BYRNE, JR.

IF each dentist carried every form of insurance suggested to him by the three thousand insurance agents who call on him annually, a study of the Federal Bankruptcy Law would be made a required subject in most dental college curricula, and many insurance agents would acquire vast landed estates on which to frolic and meditate on the munificence of their professional brothers. The man who carries every possible form of insurance does not exist except in the fond dreams of wishful insurance salesmen. All of us select some forms of protection and reject others. Why?

If we do it haphazardly, without plan or coordination, we will end up with a patchwork quilt of protection that will leave us distressingly uncovered some cold night. But how is a man to choose? What is the standard by which he is to judge the worth of the myriad policies with which the insurance jungle is, shall we say, infested?

In this series of four articles we will attempt to analyze from an impartial point of view the hazards with which the dentist is faced, the relative gravity of these hazards, and the feasibility or non-feasibility of covering them by insurance. If you can bear up under a discussion of subjects ordinarily dry as dust, we shall attempt to dispel some of the dust and some of the mystery in which these matters are customarily shrouded. The matter needs debunking badly. So much insurance is sold through high pressure sales methods in a perfect barrage of statistics and rosy promises and emotional true stories that it is difficult to get an objective common-sense view of one's personal insurance problem. Yet it is highly necessary that we do this, for there are few matters which affect more intimately our daily plan of life and our happiness in living.

PREMATURE DEATH HAZARD

This month we will speak of Hazard No. 1—the possibility of a premature death. Successively thereafter we will dis-

"If each dentist carried every form of insurance suggested to him by the three thousand agents who call on him annually . . "

cuss (1) the hazard of ill health (including accidents), (2) the problem of old age income, and (3) the lesser hazards of malpractice liability, auto accident liability, fire, burglary, and so on.

Recently a man walked into my office and demanded insurance on his eye glasses. He was willing to pay a $5 premium to insure his pince-nez worth at the most $25. I happened to know this man was carrying life insurance not nearly adequate to his needs and that he had no public liability insurance on his car. This man's whole philosophy of insurance was wrong. He was interested in covering up on small losses which might happen more frequently than the great losses but which, if they do happen, entail no great expense. In other words, he was interested in foisting on the insurance company a burden which he could carry easily himself and was attempting to

take on his shoulders the burden of the severe losses which no man can carry himself. I dare say this same man carried a plethora of other small policies, including tourists' floater protection, fur insurance, fire and theft insurance on his car, and so on. None of these hazards could cause him staggering financial loss, yet he was willing to run the risk of losing his earning power through death or disablement for perhaps a score years, which would represent a tremendous money loss to himself and his family.

The number one hazard which, if it happens untimely, will be most tragic to the majority of us and entail the greatest financial loss is premature death. The money loss caused by a dentist's early death can be figured only by multiplying his annual income, generally increasing up to age forty-five or so, by the number of years between his age at death and his retirement age, say fifty-five or sixty. But since no man in any case can take with him into the Great Beyond any money, this money loss is not a loss to the man himself but to his dependents—persons who look to him for total or partial support. And if he has no dependents, he has normally no premature death hazard. This is not true, of course, if he is in debt and has scruples about leaving his creditors to "hold the bag"; or if he has nothing put aside and would feel ill at ease lying in a Potter's Field.

For most of us, however, the premature death hazard is the greatest one we have to face. Of course it is not a hazard to us directly—it is a hazard to those dependent on us, and therein lies the intrinsic nobility of life insurance. It is an act essentially unselfish, the only kind of insurance which does not directly benefit the insured; yet be it said to the glory of our oft-maligned civilization, it is the kind of insurance most generally carried. More men carry life insurance than carry fire insurance, burglary insurance, automobile insurance, accident insurance, or any other kind. The fact is a testament to the prime characteristic of civilization: that is, consideration for the welfare and happiness of others.

Moreover, life insurance is the only way of meeting this hazard of premature death. One cannot meet it by a systematic savings plan, for Death is not a gentleman and he may be just boorish enough to tap you on the shoulder before your savings plan is well under way. Practically everyone admits this now. At one time there were many who questioned the advisability of life insurance on the ground that they could do better with the money themselves.

Installment Benefits

Admitting, then, that life insurance is a virtual necessity for the majority of us, how

much should we have and how should the death benefits be payable? Well, the benefits should be payable in the vast bulk of cases, on the installment plan. If death benefits are not so payable, that is, if they are payable in cash, it is equivalent to dumping the proceeds of the policies, say $30,000, into the lap of the widow with this remark: "This, Mary, is to last you and keep you the rest of your life. Out of it you must also clothe and feed and educate the youngsters until they are able to take care of themselves. Mind that you do not lose it or squander it or outlive it, for this is all you will have from me." To do this to a woman unskilled in investment and business is, to my way of thinking, a gross injustice to her, and is next to requiring the impossible.

Although I pride myself on knowing something of the ways of the business world, I would dislike extremely to be burdened with such responsibility. A woman seeking to invest and conserve $30,000 is a target for gold brick investment sharks and a happy hunting ground for well-meaning but ignorant relatives. Any widow who can today successfully invest $30,000 is misplaced. She should be, instead of a housewife, president of a bank.

The proceeds of life insurance may be paid in monthly installments, payable as long as the widow lives, even though she should outlive the amount of insurance, and with a guarantee that monthly payments shall be made for at least twenty years. This is the manner in which insurance benefits payable in installments are generally arranged. There are a number of other methods of paying in installments. We suggest you see your life insurance broker immediately and arrange to have your policies payable in this manner. Do not wait for your wife to decide on it after your death. Usually it is then too late, for the investment wizards and the hungry relatives are already, like the big bad wolf, beating on the door.

We left the question of, How much insurance? suspended in midair some paragraphs back. This issue, of course, is one determined by many factors, chief of which is the willingness of the insured to make sacrifices to pay premiums. Most of us can carry fairly adequate life insurance if we are willing to knuckle under and, if necessary, reduce our scale of living to enable us to pay the premiums.

What is adequate insurance? The sum of money which, when added to our other assets, should be sufficient to maintain our dependents until their death, in the case of adult dependents, or until their working age, in case of children. I do not mean that a man must carry enough life insurance so that the interest on this insurance (without eating into the principal) plus his other assets would be sufficient to keep the depend-

ents. I mean that sufficient insurance should be carried to provide monthly installments for life which, when added to the other income of the dependents, would be sufficient to support them on a decent scale of living.

There are two more questions which bother most of us who buy insurance. First, What companies should I use? and, second, What kind of policy should I buy?

In regard to the first of these, keep two general rules in mind: (a) stick to the large companies, and (b) stick to those companies that are permitted by law to do business in the State of New York. By large companies I do not mean companies whose assets or amount of insurance in force look big to you when shown you by a salesman. By large companies I mean the largest companies, specifically the twenty or twenty-five largest companies, whether measured by assets or volume of insurance in force.

When a salesman comes in to sell you life insurance, insist on his showing you the comparative standing of the life insurance companies in regard to assets or amount of insurance in force, and, if the company is far down on the list, beware of it. This is not suggesting that there are not many small but sound life insurance companies. There are. But it is difficult for the layman to pick them out. The only safe way is to "ride with the big ones." This principle of size guaranteeing safety was exemplified in our recent bank crisis in this country. Unquestionably our big banks were, as a class, in as bad financial shape as our small banks when the test occurred; that is, approximately the same proportion of their assets were not liquid. Yet somehow a much larger percentage of the big banks came through the test without loss to depositors. Their very size saved them: other banks came to their rescue—the government was much more lenient to them in the matter of R. F. C. loans than it was to the smaller banks. The rescue parties organized in behalf of small banks were few—and sparsely attended. So you can see, size is a factor in financial stability.

Using big companies is all the more advisable because as a general rule the larger insurance companies have the cheaper rates over a period of years.

(To be continued next month)

175 West Jackson Boulevard
Chicago, Illinois

"I do not agree with anything you say, but I will fight to the death for your right to say it."

—*Voltaire*

ETIOLOGY VS. SPECIFICS

In your September issue Doctor Freeland[1] pointed out certain important discrepancies in the method of feeding rats on a deficiency diet in experiments to produce dental caries.

In this respect it may be added that it is well known and understood that animal experimentation to determine the causes of disease in people is not satisfactory and reliable in certain respects. The human digestive system, nervous system, heredity, environment, and diet are much different from those of all other organisms.

I believe it is conceded that diet, environment, heredity, climate, occupation, emotions, and so on are factors that have considerable to do with our growth and normal health conditions. If the organs of digestion or the organs of elimination are sufficiently disturbed for any reason over a period of time, it usually results in certain functional disorders, or in degeneration, disease, and dissolution; and the dental structures constitute no exception to these effects.

All theories concerning the causes of dental caries, or so-called pyorrhea, which cannot be demonstrated in the form of an effective remedy or method of treatment that will check and overcome the dental disease, have very little scientific value. This is the reason we have such a large variety of useless theories regarding the causes of dental diseases. A specific remedy or a specific method proves more about the facts of the cause of the disease than all the various theories about its etiology and pathology.—HERBERT H. SCHMITT, D.M.D., *Maegly-Tichner Building, Portland, Oregon.*

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REORGANIZATION OR?

I would like to know the address of Doctor William Paul Klein[2] who wrote the article, Reorganization or?, published in your September issue. I feel that this is the most logical article I have read for a long time and wish to pay my compliments to him personally. Such articles as these found in ORAL HYGIENE are what dentistry needs today.—JOHN W. DUNSON, D.D.S., Kenton, Ohio.

[1]Freeland, E.C.: How Dependable Are Research Interpretations? ORAL HYGIENE **24**:1307 (September) 1934.

[2]Klein, W. P.: Reorganization or?, ORAL HYGIENE **24**:1293 (September) 1934.

REPLIES TO DOCTOR POLLACK

In answer to Doctor Pollack,[3] of Oklahoma City, I wish to let the world know that the West has nothing on us in that line.

My patient, now eighty-three years old is an eminent member of the bar and a former examiner of the board which corresponds to our Board of Examiners. He wore a partial lower denture seven years without removing it. It was necessary for me to extract the cuspids which were loose and the only natural teeth remaining. However, I found the denture clean and well polished on all surfaces. The patient could easily raise it about one-fourth inch for cleaning.

I would like to know if others have had this experience: The teeth of a certain patient were examined and cavities charted; no fillings were placed; yet upon re-examination three or four years later I found apparently no progress in decay.—ALAN G. KING, D.D.S., 69A *Seventh Avenue, Brooklyn, New York.*

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THE MAGAZINE RACKET

Some time ago a gentleman presented himself at my office representing himself as Mr. Smith (?) of this city. He said he was a magazine salesman and a citizen of this town. He desired to obtain some dental services for his wife but, as he was in the magazine business, he wanted me to exchange services.

The services were to be rendered to his wife, and I was to give him a receipt in full for four dollars on the account and two dollars in cash which would entitle me to a year's subscription to the magazine. His wife was to present herself as a patient and get six dollar's worth of dental treatment.

When I flatly refused and explained that I did not deal with magazine agents and that I could not issue a receipt unless I examined the patient first, he finally admitted that this was a means of obtaining subscribers for his magazine. He explained that he was not a resident of the town but that he makes such a statement to every professional man, in connection with his business. He claimed that at the end of every day he had as many as twenty or thirty receipts which he destroyed but turned in the money for the magazines and secured his credit therefrom. He represented a supposedly reliable agency, and I was very much surprised at the tactics involved.

The same stunt is often pulled upon innocent storekeepers, and he claimed it was a great success. This racket of magazine agents should be thoroughly investigated.—ARTHUR A. KOHN, D.D.S., 15 *Broad Street, Bloomfield, New Jersey.*

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POSTGRADUATE COURSES

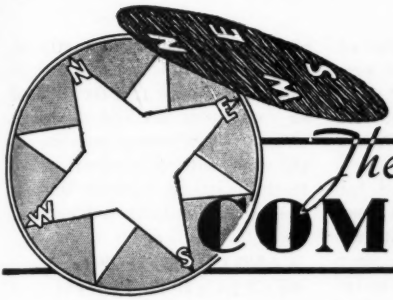
I want to thank you very much for inserting that letter of mine, in regard to the postgraduate courses, in ORAL HYGIENE.[4]

Every day since the September issue of ORAL HYGIENE came out, we have received letters from dentists in connection with this work. It is a great help to us, and our society appreciates it very much.—H. O. BROWN, D.D.S., 216 *Cutler Building, Rochester, New York.*

[3]Pollack, L.L.: Never Removed Denture, ORAL HYGIENE, In Dear Oral Hygiene department, **24**:1311 (September) 1934.

[4]Postgraduate Course. ORAL HYGIENE **24**:1273 (September) 1934.

Writers are requested to confine themselves to 150 to 200 words when writing for the DEAR ORAL HYGIENE Department



The Dental COMPASS

A NEW NICHE FOR DENTISTS

Fitting himself securely into the rôle of the Modern Sage, Walter B. Pitkin goes up on a mountain top to view largely the economic scene, and then proceeds in his book, NEW CAREERS FOR OLD AND YOUNG, to redistribute the unemployed according to a neat little plan of his own. Unhampered by discouraging facts he takes all professions and industries for his province. His glib suggestions for the transfer of abilities from one type of activity to another are often amusing.

Typical of the facility with which he blithely shifts workers about with little regard for basic economic conditions is his suggestion for unemployed dentists. Mr. Pitkin would set them to repairing jeweler's tools because they have "been trained in the delicate and precise handling of small instruments and in the working of gold, silver, platinum, and alloys used for dental work." Apparently it doesn't occur to Mr. Pitkin that an economic order in which there are too many dentists is also likely to have an oversupply of expert jewelry repairers out of work. And it might also be mentioned that persons who cannot afford to patronize dentists can scarcely be expected to buy jewelry enough to create an increased demand for the repair of jeweler's tools.

Despite the obvious impracticability of Mr. Pitkin's suggestion others evidently subscribe to the same theory. Comes a report from Columbia University indicating that dental students are being prepared there to be ready for any emergency. The case in point: Extraspecial, outsize porcelain bathtubs were installed in one of the imposing new hotels built in New York during the optimistic days of the late twenties. Such was the size of the tubs that they were set first, and the bathroom walls built around them. Unfortunately, careless workmen chipped off some enamel during the building, causing serious damage to the tubs.

Faced with the necessity of tearing down the walls so new tubs could be installed, the frantic contractor sought advice at Columbia University. "And," says the story in the *New Yorker,* captioned 'Bath-tub Cavities,' "his problem was really solved. Armed with appropriate tools and paraphernalia down to the hotel marched a large detachment of students from the school of dentistry. They mixed their porcelain inlays and neatly filled all the cavities. You couldn't, says a Columbia dentist, tell the difference."

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DENTIST COMMUTES BY AIR

After taking flying lessons for a day and a half, Doctor Ray Shaw, 36, enterprising dentist of Nelson, British Columbia, has begun to commute between his office at Nelson and Trail, British Columbia. This flying dentist of the north declares he will soon buy his own plane.

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PRIZES FOR DENTAL CARE

Two hundred and eleven children were presented with prizes by the Yorkshire *Evening Post* in the dental competition organized in connection with Children's Day, at Leeds, England, according to a story in *The Dental Magazine and Oral Topics.*

Not so much to discover perfect teeth as to encourage consistent care of the teeth was the aim of the dental competition. Thus, although a child might have had one or two teeth filled or extracted, he had as much chance of winning a prize as the one with a perfect set of teeth if it was evident that he had given his teeth daily care.

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WARNED AGAINST NEGLECTING TEETH

In contrast to attractive advertising that seeks to arouse a desire to possess something is the German method of advertising dentistry by depicting the suffering that may result from dental neglect. Recently a man appeared in the streets of Berlin with his head and face bandaged as if he were suffering from a distressing toothache. Vividly he illustrated the penalty of neglecting the teeth and before him he carried a huge placard which read, "Go to the dentist before it is too late."

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PRACTICES DENTISTRY AT 90

The competition of youth in this swift, modern era does not trouble Doctor H. C. Kemple, of Bellaire, Ohio. Still active in his ninetieth year, he has a dental practice which is the envy of many a younger man. He retains his mental and physical vigor and does not talk of retiring.

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USES TEETH TO TOW BOAT

With a hawser clinched in his teeth towing a 14-foot cat-

boat, Lewis Deane, 15, a school boy, swam to Sands Point, Long Island, New York, recently, and told a harrowing story of a real endurance test.

In the catboat was Bertha Oppenheim, 15, with whom he had sailed across the sound until near New Rochelle, New York, where the wind had died. After the boat had been becalmed the boy and girl shouted vainly for a tow.

Unable to get any assistance, Lewis thrust the end of the hawser in his mouth, jumped overboard and swam for hours until he reached a lighthouse. Because he found no rowboat on shore he seized the rope between his teeth and plunged back into the water. After more than ten hours of swimming he staggered ashore and pulled the boat on the Sands Point Beach.

DEALER WARNS OF SALESMAN'S ACTIVITIES

E. B. Hoke, vice-president of the Crutcher Depot, Louisville, Kentucky, reports that a salesman who was traveling through that territory last month offered a product which he claimed was "Met-A-Line," made by the "Met-A-Line Division of the Dental Research Laboratories" at 1452 South Hoover, Los Angeles.

In at least one case, he represented himself to be a member of the Crutcher organization. The preparation was sold for $5 cash. The material worked properly when he demonstrated it, but delivery was made of something that apparently was entirely different and could not be used at all.

With the thought of advising the manufacturer that his product was apparently being counterfeited, ORAL HYGIENE checked with Los Angeles but was unable to locate any such concern at the address given nor does any Los Angeles dealer know anything about it. There is no such number, they report, on South Hoover Street.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

"Sandy, here's a story that'll make your hair curl."

"Wait'll I get my wife. She needs a finger wave!"

Tramp: "Lady, I'm a sick man. A nice doctor gave me some medicine and I would like to ask you to give me somethin' to take it with."

Lady: "You would like a spoon and a glass of water, I suppose."

Tramp: "No, mum . . . not that. The doctor said I was to take the medicine after meals an' I thought you'd contribute the meal."

Judge (to prisoner): "Remember that anything you say will be held against you."

Prisoner: "Greta Garbo, Joan Crawford, Norma Shearer, Clara Bow."

"Mamma, what becomes of a car when it gets too old to run?"

"Somebody sells it to your father!"

"Now, dear, you positively must forget business when you go out with me," remarked the wife of the absent-minded physician.

"What have I been doing that was wrong?"

"Why, you feel the pulse of everyone with whom you shake hands."

Manuel, a colored fellow with a record previously clean, was arraigned before the bucolic justice of the peace for assault and battery.

"Why did you beat that man up, Manuel?" questioned the squire.

"He called me sumpin', Jedge."

"What did he call you?"

"He called me a chimpanzee, sah, a chimpanzee!"

"Chimpanzee! When did this occur?"

"'bout three years ago, Jedge."

"Three years ago! Then how did it happen that you attacked him yesterday?"

"Lawd, Jedge, I ain't never seen no chimpanzee till yesterday mawnin'."

It's pretty hard to get ahead of nature. When she created Adam spectacles were unheard of—but just look where she put the ears.

Son: "Daddy, why do they call it the mother tongue?"

Daddy: "Well, just see who uses it the most."

"I know she has money, but if you marry her you will have to give up smoking and drinking."

"Yes, but if I don't marry her, I'll have to give up eating."